



## Fixed Route Reduced Fare Program

PLEASE PRINT OR TYPE ALL INFORMATION. INCOMPLETE APPLICATIONS WILL BE RETURNED TO SENDER.

Reduced fare cardholders qualify for a reduced fare of \$1.00 (one way) on Howard Transit fixed route buses (during normal operating hours).

- To obtain a Reduced Fare Identification Card for a Senior Citizen, complete Part A only and submit proof of age with this application (photocopy of driver's license, passport, or other ID). Anyone age 60 or older can apply for a senior discount.
- To obtain a Reduced Fare Identification Card for a Person with a Disability, complete Part A and **your physician or health care provider must complete Part B.**

### PART A

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone : (\_\_\_\_) \_\_\_\_\_ Sex: M F Date of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

\*Disclosure of social security number is voluntary (Privacy Act of 1974); it is used solely to identify the applicant.

### PART B

A physician or health care provider's certification attesting that the applicant's condition conforms with the eligibility criteria listed on the reverse side of the application is required before an application can be approved.

#### Physician Certification

I certify that I have read the criteria for disabled eligibility (on the reverse side of this form), and I further certify that the person whose name appears in Part A of this form possesses a disability which conforms with that criteria.

Client's disability is \_\_\_\_ permanent \_\_\_\_ temporary. \*\*

\*\*If temporary, indicate probable duration of disability: Temp. disability will extend from \_\_\_\_ to \_\_\_\_.  
(date) (date)

Description of Patient Disability (please be specific):

\_\_\_\_\_  
\_\_\_\_\_

Name of Physician: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Street Address (Office): \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax : (\_\_\_\_) \_\_\_\_\_

If you have any questions about this application, please contact Central Maryland Regional Transit Customer Service at 1-800-270-9553.

RETURN COMPLETED APPLICATION TO:



Central Maryland Regional Transit  
312 Marshall Avenue, Suite 100  
Laurel, MD 20707

CENTRAL MARYLAND REGIONAL TRANSIT INTERNAL USE ONLY

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Senior ☐

Person with a Disability ☐

## **Dear Physician or Health Care Provider:**

In your effort to determine whether your client meets the requirements established for disabled certification, please use the following criteria as a guide:

### **“Person with a disability” means:**

Any person who (a) has a physical or mental impairment that substantially limits one or more major life activities, (b) has a record of such impairment, or (c) is regarded as having such an impairment.

### **A physical or mental impairment means:**

- i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs, cardiovascular, reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine.
- ii) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, diseases and conditions as orthopedic, visual, speech and hearing impairment; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis; cancer; heart disease; mental retardation; and emotional illness.

(b) “Major Life Activity” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

(c) “Has a record of such impairment” means a history of, or has been classified, or misclassified, as having a mental or physical impairment that substantially limits one or more major life activities.

(d) “Is regarded as having an impairment” means:

(1) Has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation.

(2) Has a physical or mental impairment that substantially limits major life activity only as a result of the attitudes of others toward such an impairment; or,

(3) Has none of the impairments set forth in paragraph (1) of this definition, but is treated by a recipient as having such impairment.